



## Rochester Mayor's Youth Advisory Council Application

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cultural background (optional): \_\_\_\_\_ Male Female (circle one)  
(For example: African American, Asian American, Caucasian, Latino, Native American, Haitian, etc.)

School currently attending (if applicable): \_\_\_\_\_  
(If currently attending school, please attach copy of most recent report card)

Organization you are representing (if any): \_\_\_\_\_

**Please answer the following questions. If you need more space, use the back of this paper.**

1. Why are you interested in becoming a member of the Mayor's Youth Advisory Council?

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2. If you were the Mayor and had the opportunity to make a change in the city, what would it be? How would you go about changing it?

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3. How have issues that youth face in Rochester affected you, someone you know or have heard about?

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4. If you could deliver a speech at a public forum, what messages would you give to youth?  
What messages would you give to the Mayor and other political officials?

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5. Are you willing to:

*Please answer the following questions by circling Yes, No, or Maybe.*

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|---|---|---|---|
| a. Be on time for Council Meetings?         | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe | h. Write and deliver a speech?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe |
| b. Listen to other people's ideas?          | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe | i. Be a role model for others                       | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe |
| c. Contribute your ideas?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe | j. Volunteer extra time?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe |
| d. Learn new things?                        | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe | k. Attend City Council meetings?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe |
| e. Do outreach to youth?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe | l. Meet with and other adults?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe |
| f. Survey youth about their ideas?          | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe | m. Create positive social change in this community? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe |
| g. Speak out at forums and public hearings? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe |   |   |

6. Please share any experiences you have had related to the above areas.

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7. Do you participate in any after-school activities or sports? If yes, please explain.

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8. Do you have any interests or hobbies? If yes, please explain.

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